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Revision:		PM-91		(BPD	)	OM	B <sub>\[</sub> No.:	0938-	
:	State/	Terri	tory	:	Massachusetts	s			
Citation 42 CFR 447	<b>5</b> 3	4.18	Rec	ipient	Cost Sharing a	and Simil	ar Char	ges	
through 44				Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments dexceed the maximum allowable charges under 42 CF 447.54.			copayments do no	эt	
1916(a) an of the Act		d)		and (6 categor)	rically needy	respect t or as qua fined in	o indiv	iduals covered	as
			(1)		enrollment fee bosed under the		n, or si	milar charge is	
			<del>-(</del> 2)	cha	deductible, co arge is imposed llowing:			ment, or simila for the	r
				(i)	Services to in under	dividual	s under	age 18, or	
					<u>/X</u> / Age 19				
					Age 20				
					/ Age 21				
					age 18 or olde	r, but u	nder age	viduals who are e 21, to whom v, if applicable	: •
				(ii)	Services to pr pregnancy or a may complicate	ný other	medical	lated to the L condition that	•
IN No. 95					18-14-02	:	•	15-11-97	
Strersedes	5	Appro	oval	Date <sub>1</sub>	08-04-92	_ Effect	ive Date	05-01-92	

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Revision: HCFA-PM-91-OMB No.: 0938-(BPD) August 1991 State/Territory: <u>Massachusetts</u> Citation 4.18(b)(2) (Continued) All services furnished to pregnant. 42 CFR 447.51 (iii) through 44-.58 / / Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs. (V) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). Family planning services and supplies furnished (vi) to individuals of childbearing age. (vii) Services furnished by a health maintenance organization in which the individual is enrolled.

To No. 92-13
Stersedes Approval Date 08-04-93 Effective Date 05-01-93

(viii)

1316 of the Act,

F.L. 99-272,

(Section 9505)

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Services furnished to an individual

section 1905(o) of the Act.

receiving hospice care, as defined in

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Revision: 0938-	HCFA-PM-91-	(BPD	)	OMB No.:
0938-	August 1991			
State/T	erritory: _	Massach	nusetts	
Citation	4.18(h	) (Conti	nued)	-
42 CFR 447 through 447.48	.51	43 ap co co im ex it	less a waiver under 42 1.55(g) plies, nominal deducti insurance, payment, or similar ch posed for services that cluded from such charge em (b)(2) above.  Not applicable. No s are imposed.	ble, narges are at are not ges under such charges
	•••	ty (ii) Ch	rpe of charge is impose arges apply to service the following age gro	ed. es furnished
			// 18 or older  /X/ 19 or older  // 20 or older  // 21 or older  Charges apply to service the folder of the folder	vices lowing s of elow who are

TN No. 92-13
Supersedes Approval Date 08-04-92 Date TN No.

56a

Revision: HCFA-PM-91- (BPD)

August 1991

OMB No.: 0938-

State/Territory:

Massachusetts

Citation

4.18(b)(3) (Continued)

4I CFR 447.51 through 447.58

- (iii) For the categorically needy and qualified Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:
  - (A) Service(s) for which a charge(s) is applied;
  - (B) Nature of the charge imposed on each service;
  - (C) Amount(s) of and basis for determining
     the charge(s);
  - (D) Method used to collect the charge(s);
  - (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
  - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
  - (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
    - $\overline{X}$  Not applicable. There is no maximum.

No. 92-/3 Effective Date 08-04-92 Effective Date 05-01-92

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Revision: HCFA-PM-91-OMB No.: 0938-(BPD) August 1991 State/Territory: <u>Massachusetts</u> Citation 4.18(b)(4) // A monthly premium is imposed on pregnant 1916(c) of women and infants who are covered under tie Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) // For families receiving extended benefits 1:02(a)(52) and 1925(b) during a second 6-month period under section 1925 of the Act, a monthly premium cf the Act is imposed in accordance with sections 1925(b)(4) and (5) of the Act.  $\mathcal{L}$   $\mathcal{L}$  (d) of 4.18(b)(6) // A monthly premium, set on a sliding scale, tie Act imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

T No. 94-/3		16-111-62		12 6: 63
Frersedes '	Approval Date	08-09-92	Effective Date	050190
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	HCFA-PM-91-	(BPI	OMB No.:
0938 <b>-</b> Aug	gust 1991		
State/T	erritory: _	M	assachusetts
Citation		) <u>/x</u> /	Individuals are covered as medically needy under the plan.
42 CFR 447 through 44	7.58	, , -	
	(1)		similar charge is imposed.  ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 thr	ough	(2)	No deductible, coinsurance, copayment,
447.58			or similar charge is imposed under the plan for the following:
		(i	) Services to individuals under age 18, or under
			$\sqrt{X}$ Age 19
			/ Age 20
			/_/ Age 21
			Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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Remision:	HCFA-PM-91- August 1991	(BPD)	OMB No.: 0938-
	State/Territor		Massachusetts
Citation	4.18 (C)	(2) (Cd	ontinued)
41 CFR 44 through 447.58	7.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	-	(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
land of t F.L. 99-2 (Section		(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
44 <sup>7</sup> .51 th	nrough	(viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			// Not applicable. Charges are imposed.

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	n: HC	FA-PM-91-	- (BPD	) OMB No.:
0938-	Augus	st 1991		
Stat	te/Ter	ritory:	Mass	sachusetts
Citatio	<u>n</u>	4.18	(c) (3)	Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.
				Not applicable. No such charges are imposed.
			(i)	For any service, no more than one type of charge is imposed.
		•	(ii)	Charges apply to services furnished to the following age group:
				18 or older
				$\overline{X}$ 19 or older
				Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
TN No. Superse		Approva	al Date	08-04-47 Effortive Date
TN No.				HCFA ID: 7982E

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OMB No.: 0938-Revision: HCFA-PM-91-(BPD) August 1991 State/Territory: <u>Massachusetts</u> 4.18(c)(3) (Continued) Citation (iii) For the medically needy, and other optional 44<sup>-</sup>.51 through groups, ATTACHMENT 4.18-C specifies the: 44~.58 Service(s) for which charge(s) is (A) applied; Nature of the charge imposed on each (B) service; Amount(s) of and basis for determining (C) the charge(s); Method used to collect the charge(s); (D) Basis for determining whether an (E) individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; Procedures for implementing and enforcing (F) the exclusions from cost sharing contained in 42 CFR 447.53(b); and Cumulative maximum that applies to all (G) deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

/X/

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Not applicable. There is no maximum.